

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 27, 2002 8:00 am
Secretary of State

02-27-2002 90007 014 ***150.00

0310298 AV

DOCUMENT # P99000082263

1. Entity Name

BRASINGTON INTERNATIONAL, INC.

Principal Place of Business

**9740 SW 123 STREET
MIAMI FL 33176**

Mailing Address

**9740 SW 123 STREET
MIAMI FL 33176**

2. Principal Place of Business

3443 N. MOORINGS WAY

3. Mailing Address

3443 N. MOORINGS WAY

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

COCONUT GROVE FL.

City & State

COCONUT GROVE FL

Zip

Country

33133

USA

Zip

Country

33133

USA

6. Name and Address of Current Registered Agent

**BRASINGTON, JOHN LLOYD JR
9740 SW 123 STREET
MIAMI FL 33176**

4. FEI Number

65-0948819

Applied For

Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

7. Name and Address of New Registered Agent

Name **BRASINGTON, JOHN LLOYD JR**
Street Address (P.O. Box Number is Not Acceptable)
3443 N. MOORINGS WAY
City **COCONUT GROVE FL** Zip Code **33133**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

2/1/2002

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ (See criteria on back)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP BRASINGTON, JOHN LLOYD III 9740 SW 123 STREET MIAMI FL 33176	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT BRASINGTON, JOHN LLOYD III 3443 N. MOORINGS WAY COCONUT GROVE FL 33133	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V. PRESIDENT BRASINGTON, JOHN LLOYD JR 3443 N. MOORINGS WAY COCONUT GROVE FL 33133	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY KIMBERLY JOHNSON	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY JOHNSON, KIMBERLY 700 COMMERCIAL STREET NEW ORLEANS LA 70130	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOHN L BRASINGTON JR 2/1/2002 305-884-8332

Date

Daytime Phone #

CR2E034 (9/01)